

# LEOMINSTER RECREATION DEPARTMENT

## Teen Adventures Program 2008 Ages 13 – 15

Monday, June 30<sup>th</sup> – Friday,  
August 8 (Closed on July 4<sup>th</sup>)

Registrations are done on a first-come first served basis or lottery with priority given to Leominster residents. The Leominster Recreation Department reserves the right to cap the number of registrations for any program based on availability of personnel, facilities or any other factors affecting the program.

**Registrations and payments may be mailed to 25 West Street, Leominster, MA 01453 or dropped off at The Leominster Recreation Department, 40 Barrett Parkway, Leominster, MA for all programs. Make checks payable to the Leominster Recreation Department. Office #978-534-7529**

Participant First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

The Teen Adventures, Programs are rain or shine. Teens will have an opportunity to play sports, games, try their hands at arts and crafts, and explore nature with other participants, field trips. The Programs will run for 6 weeks, 1 – week sessions, beginning June 30<sup>th</sup> and ending August 8, 2008. Hours are 8:00 – 4:00 p.m. There will be extended day offered in the **afternoons only** for an additional cost. The cost is \$5.00 per session from 4:00 p.m. – 5:30 p.m. If you wish to sign your child up for extended day please fill out the extended day section.

**Non-Resident Fee: Add \$5.00 per program per week.**

### EMERGENCY CONTACT INFORMATION

\*When emergency situations arise, we want to be able to handle them according to your wishes, if possible.

Please fill in ALL the following information. Indicate by number ( ) the order of preference for contacting the people listed.

Mother's Name: \_\_\_\_\_ ( ) Mother's Phone #: \_\_\_\_\_  
( ) Mother's Work #: \_\_\_\_\_ ( ) Mother's Cell #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ ( ) Father's Phone #: \_\_\_\_\_  
( ) Father's Work #: \_\_\_\_\_ ( ) Father's Cell #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ ( ) Emergency Phone: \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ ( ) Doctor's Phone: \_\_\_\_\_

The Leominster Recreation Commission reserves the right to suspend any child from the program if there are behavioral problems that cannot be resolved.

GENERAL HEALTH: \_\_\_\_\_ ALLERGIES: \_\_\_\_\_  
ANY SPECIAL MEDICAL CARE? \_\_\_\_\_  
ACTIVITY RESTRICTIONS: \_\_\_\_\_

MY CHILD CAN BE PICKED UP **ONLY** BY (other than parent)

1. \_\_\_\_\_ 2. \_\_\_\_\_

**THIS FORM  
MAY BE  
DUPLICATED.**

### PHOTOGRAPHIC CONSENT AND WAIVER

\_\_\_\_ My child \_\_\_\_\_ has permission to be photographed during Recreation programs for publicity purposes by members of the press.

\_\_\_\_ My child \_\_\_\_\_ has permission to be photographed by Leominster Recreation staff only, and NOT by the press for publicity purposes.

\_\_\_\_ My child \_\_\_\_\_ may NOT be photographed at any time.

I agree not to hold responsible the Leominster Recreation Commission; the City Of Leominster; the owners of the premises where the programs are held; or any of the parties connected with the program for any injury or accident that may occur during the program. I understand that if my child becomes a discipline problem, he/she will be dismissed from the program. No money will be refunded. I also grant permission for the Recreation Staff to seek medical care in the event I cannot be reached (All participants in any city recreation program must sign this waiver.)

Sign Here: Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FILL OUT PROGRAM INFORMATION ON BACK----->**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ **TEEN ADVENTURES**

**The deadline for weekly registrations with payments must be made on the Thursday prior to the following week. After the initial registration, further weekly payments can be made at program office if space allows. Office # 978-534-7529**

**TEEN ADVENTURES PROGRAM: Ages 13-15. Location: LHS**

**REGISTRATION FEE: WEEK 1: \$60.00 per child due to the holiday WEEK 2 – 6: \$75.00 per wk/ per child  
ADDITIONAL CHILD \$5:00 OFF PER WEEK! NO DAILY FEE!**

Week 1 June 30 – July 3	Week 2 July 7 – 11	Week 3 July 14 – 18	Week 4 July 21 – 25	Week 5 July 28 – Aug. 1	Week 6 Aug. 4 – 8
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**WEEK 1: Will your child attend Week 1?** YES: \_\_\_\_\_ NO: \_\_\_\_\_

Please fill in extended time if needed: **CLOSED JULY 4<sup>TH</sup>**

**Extended** Mon. \_\_\_\_\_  
**Day: Afternoons only!** Tues. \_\_\_\_\_  
**(4:00 – 5:30pm)** Wed. \_\_\_\_\_  
 Thurs \_\_\_\_\_  
 Fri. **CLOSED**

**Total extended day hours:** \_\_\_\_\_ **X \$5.00/hr. = total:** \_\_\_\_\_

**Office use only: July 2 – 6**

**WEEK 1: Cost for the Week: \$57.00**

Extended Day Amt Paid: \_\_\_\_\_

Total Amount Paid: \_\_\_\_\_

Date: \_\_\_\_\_ Check # \_\_\_\_\_

Cash: \_\_\_\_\_ Receipt # \_\_\_\_\_

**WEEK 2: Will your child attend Week 2?** YES: \_\_\_\_\_ NO: \_\_\_\_\_

Please fill in extended time if needed:

**Extended** Mon. \_\_\_\_\_  
**Day: Afternoons only!** Tues. \_\_\_\_\_  
**(4:00 – 5:30pm)** Wed. \_\_\_\_\_  
 Thurs \_\_\_\_\_  
 Fri. \_\_\_\_\_

**Total extended day hours:** \_\_\_\_\_ **X \$5.00/hr. = total:** \_\_\_\_\_

**Office use only: July 9 – 13**

**WEEK 2: Cost for the Week: \$75.00**

Extended Day Amt Paid: \_\_\_\_\_

Total Amount Paid: \_\_\_\_\_

Date: \_\_\_\_\_ Check # \_\_\_\_\_

Cash: \_\_\_\_\_ Receipt # \_\_\_\_\_

**WEEK 3: Will your child attend Week 3?** YES: \_\_\_\_\_ NO: \_\_\_\_\_

Please fill in extended time if needed:

**Extended** Mon. \_\_\_\_\_  
**Day: Afternoons only!** Tues. \_\_\_\_\_  
**(4:00 – 5:30pm)** Wed. \_\_\_\_\_  
 Thurs \_\_\_\_\_  
 Fri. \_\_\_\_\_

**Total extended day hours:** \_\_\_\_\_ **X \$5.00/hr. = total:** \_\_\_\_\_

**Office use only: July 16 - 20**

**WEEK 3: Cost for the Week: \$75.00**

Extended Day Amt Paid: \_\_\_\_\_

Total Amount Paid: \_\_\_\_\_

Date: \_\_\_\_\_ Check # \_\_\_\_\_

Cash: \_\_\_\_\_ Receipt # \_\_\_\_\_

**WEEK 4: Will your child attend Week 4?** YES: \_\_\_\_\_ NO: \_\_\_\_\_

Please fill in extended time if needed:

**Extended** Mon. \_\_\_\_\_  
**Day: Afternoons only!** Tues. \_\_\_\_\_  
**(4:00 – 5:30pm)** Wed. \_\_\_\_\_  
 Thurs \_\_\_\_\_  
 Fri. \_\_\_\_\_

**Total extended day hours:** \_\_\_\_\_ **X \$5.00/hr. = total:** \_\_\_\_\_

**Office use only: July 23 – 27**

**WEEK 4: Cost for the Week: \$75.00**

Extended Day Amt Paid: \_\_\_\_\_

Total Amount Paid: \_\_\_\_\_

Date: \_\_\_\_\_ Check # \_\_\_\_\_

Cash: \_\_\_\_\_ Receipt # \_\_\_\_\_

**WEEK 5: Will your child attend Week 5?** YES: \_\_\_\_\_ NO: \_\_\_\_\_

Please fill in extended time if needed:

**Extended** Mon. \_\_\_\_\_  
**Day: Afternoons only!** Tues. \_\_\_\_\_  
**(4:00 – 5:30pm)** Wed. \_\_\_\_\_  
 Thurs \_\_\_\_\_  
 Fri. \_\_\_\_\_

**Total extended day hours:** \_\_\_\_\_ **X \$5.00/hr. = total:** \_\_\_\_\_

**Office use only: July 30 – August 3**

**WEEK 5: Cost for the Week: \$75.00**

Extended Day Amt Paid: \_\_\_\_\_

Total Amount Paid: \_\_\_\_\_

Date: \_\_\_\_\_ Check # \_\_\_\_\_

Cash: \_\_\_\_\_ Receipt # \_\_\_\_\_

**WEEK 6: Will your child attend Week 6?** YES: \_\_\_\_\_ NO: \_\_\_\_\_

Please fill in extended time if needed:

**Extended** Mon. \_\_\_\_\_  
**Day: Afternoons only!** Tues. \_\_\_\_\_  
**(4:00 – 5:30pm)** Wed. \_\_\_\_\_  
 Thurs \_\_\_\_\_  
 Fri. **No Extended Care**

**Total extended day hours:** \_\_\_\_\_ **X \$5.00/hr. = total:** \_\_\_\_\_

**Office use only: August 6 - 10**

**WEEK 6: Cost for the Week: \$75.00**

Extended Day Amt Paid: \_\_\_\_\_

Total Amount Paid: \_\_\_\_\_

Date: \_\_\_\_\_ Check # \_\_\_\_\_

Cash: \_\_\_\_\_ Receipt # \_\_\_\_\_

